

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1				51	
2		1		1			52	
3		1		1			53	
4		1		1			54	
5		1		1			55	
6		1		1			56	
7		1		1			57	
8	1		1				58	
9		1		1			59	
10		1		1			60	
11		1		1			61	
12		1		1			62	
13		1		1			63	
14		1		1			64	
15		4		4			65	
16		4		2			66	
17		4		2			67	
18		4		2			68	
19		4		2			69	
20		4		4			70	
21		1		1			71	
22		1		1			72	
23		2		2			73	
24		1		1			74	
25		2		2			75	
26		2		2			76	
27			1				77	
28				1			78	
29				1			79	
30				1			80	
31				1			81	
32				1			82	
33				1			83	
34				1			84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	2		3				TOTAL IND.	
TOTAL DEP.	45		44				TOTAL DEP.	
TOTAL CLAIMS	47		47				TOTAL CLAIMS	